

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Cefnogi pobl sydd â chyflyrau cronig](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [supporting people with chronic conditions](#).

CC59: Ymateb gan: | Response from: Society of Occupational Medicine (SOM)

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## Key recommendation

Occupational health should be provided for both health and care staff with long term conditions as well as patients and service users who are at risk of long-term sickness absence. There should be support available to enable effective self-management where appropriate, including mental health support for those with long term ill health at work. So, occupational health services for staff and patients must be prioritised for primary and community healthcare services to function and deliver holistic care.

The need for this is twofold:

- 1) Providing work and health support for the primary and community health and care workforce, will retain staff and increase productivity and capacity in service delivery
- 2) Providing work and health support for patients and service users of working age living with ill health to return to work.

## Background

One of the challenges primary and community health services face is the barrier between healthcare and addressing the wider social determinants of health, particularly when it comes to people living with long term conditions where ill health has a pervasive effect on functioning.

Ill-health is a key contributor for people dropping out of the workforce. Sickness absence is the main contributor to increased levels of economic inactivity, with a significant bearing on economic growth. There are over 250 000 vacancies across health and care. Beyond this, almost 25% of people of working age in the UK are economically inactive.

The number of people of working age that are economically inactive is increasing and people moving into long term ill health is the biggest driver of this change. Evidence shows that keeping people in work with good working conditions has benefits for health. There is a correlation between unemployment, deprivation and shorter healthy life expectancy. The disability employment gap is increasing. The situation is likely to worsen given demographic trend towards an aging population. People aged 50-64 make up 40% of the working age population. Work and health for staff and service users must be addressed as part of holistic primary and community health care.

## The gap in occupational health provision

Access to occupational health is not universal and varies according to employer. Even the most generous estimates suggest that less than 50% of the workforce have access to occupational health. People lower down the socioeconomic ladder are more likely to have challenging working conditions and less likely to have access to occupational health. Occupational health professionals assess fitness for work and suggest workplace adaptations that can help people working while living through a period of ill health. People that do not have access to occupational health rely on the fit note as a route to health and work advice. Data suggests the fit note is not being used to its full potential, with more than 90% of fit notes being signed off as 'not fit' without suggesting any adaptations to help keep patients working, and around 1/3 of fit notes being signed off for five weeks or longer, by which time there is already a 20% chance the individual will not return to work

## Providing work and health support for the primary and community health and care workforce

- An adequate and well workforce is key to delivering care in the community. Primary and community health services are facing workforce shortages impacting in service delivery. The primary and community care are at greater risk of work-related mental ill health
- Primary care staff face more barriers to occupational health support than their secondary care colleagues. Staff in community health services may also fall through the gap in occupational health provision. Staff working in social care are often in insecure employment and are unlikely to have adequate work and health support.

### Example of good practice

Join up between job-centre staff working in practice has been proven to be beneficial in bridging the work/health gap in primary care, where this has been implemented at pilot sites across the country in a project led by Dr Shriti Pattani.

This model proves the challenges of working across the Department of Work and Pensions and the Department of Health and Social Care can be overcome and provide support to service users with a beneficial effect on health as well as employment outcomes. A second layer of clinical occupational health support at primary care level is being explored. This would help provide timely and place-based care to people at risk of falling in to long term economic inactivity.

### What is Occupational Health?

Occupational health providers as generalists are well placed to respond to individuals with multimorbidity rather than focusing on single conditions in isolation. Occupational health (OH) is a multi-disciplinary approach preventing and reducing ill-health and developing solutions to keep staff with long term health issues such as Long Covid, mental health, musculoskeletal and Neurodiversity in work. OH professionals provide independent advice on staff unable to work due to long-term or short-term intermittent health problems, and organisational wide steps to reduce sickness absence. Early and sustained OH is effective in reducing ill-health related job loss, supporting people stay and return to work. OH's RoI<sup>12</sup> produces taxpayer savings and improved productivity. SOM is calling for Universal Access to Occupational Health - less than half of UK employees have access to OH; access is greater for larger employers and least for small employers.

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**The Society of Occupational Medicine (SOM) is the leading professional association for workplace health.** We have over 1800 members, who are occupational health professionals, and we publish the Journal of Occupational Medicine, an international scientific journal supporting the professional development of occupational health specialists.

We are a member of the Government's Occupational Health expert group and we host an Academic Forum – a network of Universities, think tanks and researchers – which aims to inform government and support the health of the UK workforce.

<sup>1</sup> [https://www.som.org.uk/sites/som.org.uk/files/Occupational\\_Health\\_The\\_Value\\_Proposition\\_March\\_2022\\_0.pdf](https://www.som.org.uk/sites/som.org.uk/files/Occupational_Health_The_Value_Proposition_March_2022_0.pdf)

<sup>2</sup> <https://cardinal-management.co.uk/wp-content/uploads/2016/04/Burton-Waddell-is-work-good-for-you.pdf> and <https://www.bitc.org.uk/wp-content/uploads/2022/06/bitc-wellbeing-report-your-job-can-be-good-for-you-jun22.pdf>